

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

58

3 CANDIDATE /
OFFICEHOLDER
NAMEMS / MRS / MR **Ms.**FIRST **SUSAN**

MI

NICKNAME

LAST **PAMERLEAU**

SUFFIX

OFFICE USE ONLY

Date Received

BEXAR COUNTY

2012 OCT 29 PM 4:35

FILED IN MY OFFICE
JACQUELYN F. CALLANEN
ELECTIONS ADMINISTRATOR

Date Hand-delivered or Postmarked

Receipt #

August

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESSADDRESS / PO BOX: **230 DWYER** APT / SUITE #: **#1102**
CITY: **SAN ANTONIO** STATE: **TEXAS** ZIP CODE **78204**☐ change of address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 566-89206 CAMPAIGN
TREASURER
NAMEMS / MRS / MR **Mr.**FIRST **WADE**MI **B.**

NICKNAME

LAST **SHELTON**

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)STREET ADDRESS (NO PO BOX PLEASE): **600 NAVARRO** APT / SUITE #: **#500**
CITY: **SAN ANTONIO** STATE: **TEXAS** ZIP CODE **78205**8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 581-5577

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign
treasurer appointment
(officeholder only)☐ July 15☒ 8th day before election☐ Exceeded \$500
limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

BEXAS COUNTY SHERIFF

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

SUSAN PAMERLEAU

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ \emptyset 2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)\$ 38,024.47_{xx}EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ \emptyset

4. TOTAL POLITICAL EXPENDITURES

\$ 42,062.75_{xx}CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 36,386.85_{xx}OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 132,000.00_{xx}

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Susan Pamerleau
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Susan Pamerleau, this the 29th day of October, 20 12, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 09.28.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT & JEAN PEFFERS 6 Contributor address; City; State; Zip Code 303 Squires Rd SAN ANTONIO, TX 78213	7 Amount of contribution (\$) \$ 50.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAT HASTINGS Contributor address; City; State; Zip Code 24385 Wildonness Oak SAN ANTONIO, TX 78258	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WALTER AGUE Contributor address; City; State; Zip Code 4231 TALLEM WOODS SAN ANTONIO, TX 78249	Amount of contribution (\$) \$ 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAWRENCE & TAMARA BAKER Contributor address; City; State; Zip Code 28402 Woodbridge FAIR OAKS RANCH, TX 78015	Amount of contribution (\$) \$ 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LESLEY WENGER & BOB ANDERSON Contributor address; City; State; Zip Code 137 LouJon Circle SAN ANTONIO, TX 78243	Amount of contribution (\$) \$ 600.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 03.12.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY & MARYANN HEYLAND 6 Contributor address; City; State; Zip Code 16142 HIDDEN VIEW SAN ANTONIO, TX 78232	7 Amount of contribution (\$) \$ 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 09.24.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSICA & DIANA HARTMAN Contributor address; City; State; Zip Code 143 MONTCLAIR SAN ANTONIO, TX 78209	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: K. & J. MUENZLER Contributor address; City; State; Zip Code 303 SINCLAIR SAN ANTONIO, TX 78222	Amount of contribution (\$) \$ 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09.28.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Petty, Jr. Contributor address; City; State; Zip Code 1027 AUSTIN HWY. #200 SAN ANTONIO, TX 78209	Amount of contribution (\$) \$ 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.01.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE ALLISON Contributor address; City; State; Zip Code 200 MORNING SIDE SAN ANTONIO, TX 78209	Amount of contribution (\$) \$ 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.01.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CAROLYN WALLACE 6 Contributor address; City; State; Zip Code 15119 OAKSPUR ST. SAN ANTONIO, TX 78232	7 Amount of contribution (\$) \$ 100.00 P (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.03.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY ANN HOLLINGSHEAD Contributor address; City; State; Zip Code P.O. Box 830885 SAN ANTONIO TX 78283	Amount of contribution (\$) \$ 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.03.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Billie Stroud Contributor address; City; State; Zip Code 7319 Thrush Garden SAN ANTONIO, TX. 78209	Amount of contribution (\$) \$ 25.00 P (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.04.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) STEPHEN A. RAUB Contributor address; City; State; Zip Code 15703 Mission Crest SAN ANTONIO, TX 78232	Amount of contribution (\$) \$ 75.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.04.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOAN KORTE Contributor address; City; State; Zip Code 1022 NAVARRO #405 SAN ANTONIO, TX 78205	Amount of contribution (\$) \$ 500.00 P (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMELLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.04.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA ELLIOTT 6 Contributor address; City; State; Zip Code 2420 McCullough #110 SAN ANTONIO, TX 78212	7 Amount of contribution (\$) \$ 75.00 P (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.05.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLYDE POPOWICH Contributor address; City; State; Zip Code 4526 Honey Locust Woods SAN ANTONIO, TX 78249	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.05.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUDY & MARY RAMIREZ, JR. Contributor address; City; State; Zip Code 5107 ENCANTA STREET SAN ANTONIO, TX 78233	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.05.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES PATTERSON Contributor address; City; State; Zip Code 87 HAVERHILL WAY SAN ANTONIO, TX 78209	Amount of contribution (\$) \$ 250.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.06.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REMIGIO & MARTHA AYALA Contributor address; City; State; Zip Code 2430 W. GRAMERCY PL SAN ANTONIO, TX 78228	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.6.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

Charles Cockerell

6 Contributor address; City; State; Zip Code

**241 CLAY WALK DR
SAN ANTONIO, TX 78209**

7 Amount of contribution (\$)

\$ 100.00

8 In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.6.12

Full name of contributor

☐ out-of-state PAC (ID#)

JOE RUST

Contributor address; City; State; Zip Code

**101 ARCADIA PLACE #301
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.06.12

Full name of contributor

☐ out-of-state PAC (ID#)

WARRINGTON AUSTERMAN

Contributor address; City; State; Zip Code

**8019 CORAL MEADOW
CONVERSE, TX 78109**

Amount of contribution (\$)

\$ 10.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.7.12

Full name of contributor

☐ out-of-state PAC (ID#)

ALAN KRAFF

Contributor address; City; State; Zip Code

**17211 FAWN COVE
SAN ANTONIO, TX 78248**

Amount of contribution (\$)

\$ 250.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.05.12

Full name of contributor

☐ out-of-state PAC (ID#)

DANNY & FLO SMITH

Contributor address; City; State; Zip Code

**598 BRANDENBERGER RD
MASON, TX 76856**

Amount of contribution (\$)

\$ 10.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.18.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANONYMOUS

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$40.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.03.12

Full name of contributor

☐ out-of-state PAC (ID#)

RONALD & BARBARA RACINOWSKI

Contributor address; City; State; Zip Code

**205 VILLAGE DR.
BOERNE, TX 78006**

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.07.12

Full name of contributor

☐ out-of-state PAC (ID#)

ELIZABETH BARNES

Contributor address; City; State; Zip Code

**130 GATEWOOD COURT
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.07.12

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES & TONI LUCAS

Contributor address; City; State; Zip Code

**2238 ESTATE VIEW
SAN ANTONIO, TX 78260**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.07.12

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICK SWEARINGEN, JR.

Contributor address; City; State; Zip Code

**310 ARGYLE
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.06.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

RICHARD & KATHLEEN HOLY

6 Contributor address; City; State; Zip Code

**421 PATTERSON AVE
SAN ANTONIO, TX 78209**

7 Amount of contribution (\$)

\$ 250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.06.12

Full name of contributor

☐ out-of-state PAC (ID#)

LARRY & KELLENE DAVIS

Contributor address; City; State; Zip Code

**231 GRANT AVE.
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.06.12

Full name of contributor

☐ out-of-state PAC (ID#)

LON & ANN CARPENTER

Contributor address; City; State; Zip Code

**301 EVANS AVE
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$ 150.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.08.12

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN ALEXANDER, Jr.

Contributor address; City; State; Zip Code

**700 N. ST. MARYS #1200
SAN ANTONIO, TX 78205**

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.08.12

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN LOCKE, Jr.

Contributor address; City; State; Zip Code

**100 W. HOUSTON #1452A
SAN ANTONIO, TX 78205**

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.08.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JEAN BRADLEY	7 Amount of contribution (\$) \$ 75.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 505 WOODWAY LANE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LALAND McCORMICK	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 S. MANTON LN. SAN ANTONIO, TX 78213		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) KAMPREM & RICHARD BROUGHTAM	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 626 NOPAL ST. SAN ANTONIO, TX 78210		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BARRY & BONNIE BANKLER	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 102 E. KINGS HWY SAN ANTONIO, TX 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES CALVERT	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7709 BROADWAY #202 SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMELLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.10.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PIERRE OLIVER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 125 NEWBURY TERRACE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHIRLEY COOPER	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 218 WYNDALE ST. SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANIEL LOVELAND	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 17300 HENDERSON PASS #240 SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MANUEL & IMELDA TORRES	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7715 ASPEN PARK SAN ANTONIO, TX 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MANUEL & IMELDA TORRES	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7715 ASPEN PARK SAN ANTONIO, TX 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

37

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.10.12

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

TAMMY BURR

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

3607 ATRIUM PEAK
SAN ANTONIO, TX 78261

P (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID# _____)

CURTIS GUNN

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

213 BROADWAY
SAN ANTONIO, TX 78205

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID# _____)

CAROLINE SEAX

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

116 ELIZABETH ANN CT.
SAN ANTONIO, TX 78213

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID# _____)

KENNETH MCCOLLISTER

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

11822 ELMSCOURT
SAN ANTONIO, TX 78230

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID# _____)

MIKE FENLON

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

218 ENCHANTED HILL
SAN ANTONIO, TX 78260

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.9.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

GR & C CREEKMORE

6 Contributor address; City; State; Zip Code

**141 PERSIA DR
SAN ANTONIO, TX 78248**

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

MELYNDA GULLEY

Contributor address; City; State; Zip Code

**215 BLUE BONNET
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.09.12

Full name of contributor

☐ out-of-state PAC (ID#)

GIL PEREZ

Contributor address; City; State; Zip Code

**P.O. Box 7221
SAN ANTONIO, TX 78201**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID#)

ARTHUR RIKLIN

Contributor address; City; State; Zip Code

**122 LABURNUM
SAN ANTONIO, TEX. 78209**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID#)

JAY ROBBINS

Contributor address; City; State; Zip Code

**P.O. Box 792201
SAN ANTONIO, TX 78279**

Amount of contribution (\$)

\$75.00

In-kind contribution description (if applicable)

P (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.10.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KAREN MAXFIELD	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2210 FM 1518 SOUTH #22 SAINT HEDEWIG 78152		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.09.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK & LORI WRIGHT	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 200 PATTERSON #514 SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES CREEVER, JR.	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 604 RIDGEMONT AVE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.11.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARK & MONICA DORAZIO	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 143 N. TOWER SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REAGAN HOUSTON IV	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 790390 SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

37

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.11.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

Wayne & Cynthia HARDELL

6 Contributor address; City; State; Zip Code

P.O. Box 17065

SAN ANTONIO, TX 78217

7 Amount of contribution (\$)

\$ 250.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

DONA PITMAN & ROBERT GILLIAN

Contributor address; City; State; Zip Code

14427 BROOK HOLLOW #306

SAN ANTONIO TX 78232

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.08.12

Full name of contributor

☐ out-of-state PAC (ID#)

CATHY SPADACCINI & GLENN KOTHMAN

Contributor address; City; State; Zip Code

23011 STARBRIGHT

SAN ANTONIO, TX 78258

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.09.12

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN WORTHINGTON

Contributor address; City; State; Zip Code

239 ROSEHEART

SAN ANTONIO 78259

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

BEN WALLIS, JR.

Contributor address; City; State; Zip Code

8400 IH-10 W # 101

SAN ANTONIO, TX 78230

Amount of contribution (\$)

\$ 100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.11.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

KENNETH TRAIN

6 Contributor address; City; State; Zip Code

**225 KENNEDY AVE
SAN ANTONIO, TX 78209**

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.16.12

Full name of contributor

☒ out-of-state PAC (ID# **C00197160**)

TEXANS FOR LA MAR SMITH

Contributor address; City; State; Zip Code

**P.O. Box 6155
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

ELISA GONZALEZ

Contributor address; City; State; Zip Code

**10918 LANAS RUN ST.
SAN ANTONIO, TX 78230**

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES LUNZ

Contributor address; City; State; Zip Code

**221 OGDEN LANE
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.16.12

Full name of contributor

☐ out-of-state PAC (ID#)

PAUL & ANNE SMITH

Contributor address; City; State; Zip Code

112 E. PECAN ST. #1800

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.10.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

CAL & BARBARA BANKER

6 Contributor address; City; State; Zip Code

230 GEDDINGTON
SHAVANO PARK, TX 782497 Amount of
contribution (\$)

\$ 500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.05.12

Full name of contributor

☐ out-of-state PAC (ID#)

IBC PAC STATE

Contributor address; City; State; Zip Code

1200 SAN BERNARDO
LAREDO, TX 78040Amount of
contribution (\$)

\$ 1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

KAREN HIXON

Contributor address; City; State; Zip Code

111 WEST LYNWOOD
SAN ANTONIO, TX 78212Amount of
contribution (\$)

\$ 1,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

STEVEN & SYLVIA HILBIG

Contributor address; City; State; Zip Code

6 THORNHURST
SAN ANTONIO, TX 78218Amount of
contribution (\$)

\$ 100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

MAX JOHNSON RANCH II

Contributor address; City; State; Zip Code

1410 HASKIN DR.
SAN ANTONIO, TX 78209Amount of
contribution (\$)

\$ 25.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.10.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

THOMAS & SUSAN MARBURGER

6 Contributor address; City; State; Zip Code

**12422 AUTUMN VISTA ST.
SAN ANTONIO, TX 78249**

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

LOUIS & LINDA RIOS

Contributor address; City; State; Zip Code

**6710 HIDDEN LAKE
SAN ANTONIO, TX 78222**

Amount of contribution (\$)

\$ 500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.9.12

Full name of contributor

☐ out-of-state PAC (ID#)

BILL WINTERS

Contributor address; City; State; Zip Code

**17304 BELL NORTH DR.
SCHERTZ, TX 78154**

Amount of contribution (\$)

\$ 200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

KATHY WEST GALLAGHER

Contributor address; City; State; Zip Code

**314 E. COMMERCE ST #400
SAN ANTONIO, TX 78205**

Amount of contribution (\$)

\$ 75.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.12.12

Full name of contributor

☐ out-of-state PAC (ID#)

CL & BARBARA ORR

Contributor address; City; State; Zip Code

**2531 RIM OAK
SAN ANTONIO, TX 78232**

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.10.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEBORAH FORD

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**14546 BROOK HOLLOW BLVD
#245 SA, TX 78232**

\$ 250.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.12.12

Full name of contributor

☐ out-of-state PAC (ID#)

MARK & SUSAN BAUER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**420 GRANDVIEW
SAN ANTONIO, TX 78209**

\$ 50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.09.12

Full name of contributor

☐ out-of-state PAC (ID#)

JERRY & NANCY BAILEY

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2141 WEST GRAMERCY
SAN ANTONIO, TX 78201**

\$ 150.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.12.12

Full name of contributor

☐ out-of-state PAC (ID#)

JANELLE MACARTHUR

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**P.O. Box 691442
SAN ANTONIO, TX 78269**

\$ 100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.13.12

Full name of contributor

☐ out-of-state PAC (ID#)

MICHAEL & MICHELLE PASSES

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**2607 OLD GATE RD.
SAN ANTONIO, TX 78230**

\$ 200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.10.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM JERNIGAN	7 Amount of contribution (\$) \$ 240.00	8 In-kind contribution description (if applicable) OFFICE CLEANING
6 Contributor address; City; State; Zip Code 1711 SPRINGWOOD DR SPRING BRANCH, TX 78070		(If travel outside of Texas, complete Schedule T) AUGUST	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM JERNIGAN	Amount of contribution (\$) \$ 240.00	In-kind contribution description (if applicable) OFFICE CLEANING
Contributor address; City; State; Zip Code 1711 SPRINGWOOD DR. SPRING BRANCH, TX 78070		(If travel outside of Texas, complete Schedule T) SEPTEMBER	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM JERNIGAN	Amount of contribution (\$) \$ 240.00	In-kind contribution description (if applicable) OFFICE CLEANING
Contributor address; City; State; Zip Code 1711 SPRINGWOOD DR. SPRING BRANCH, TX 78070		(If travel outside of Texas, complete Schedule T) OCTOBER	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RENE BENJAMIN	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable) REFRIGERATOR
Contributor address; City; State; Zip Code 2650 THOUSAND OAKS SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T) RENTAL	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVE BAYSINGER	Amount of contribution (\$) \$ 15.00	In-kind contribution description (if applicable) TABLE
Contributor address; City; State; Zip Code 26902 SPARROW RIDGE SAN ANTONIO, TX 78261		(If travel outside of Texas, complete Schedule T) RENTAL	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.12.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARC MUCKLEROX	7 Amount of contribution (\$) \$ 150.00	8 In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
6 Contributor address; City; State; Zip Code 8706 SILVER QUAIL SAN ANTONIO, TX 78250			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.12.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARBARA GENTRY	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 104 HILER ROAD SAN ANTONIO, TX 78209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.11.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GURVINDER SINGH	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 24902 MIRANDA RIDGE BOERNE, TX 78006			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.13.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PAUL MARTIN	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 3519 STONEHAVEN ROAD SAN ANTONIO, TX 78230			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.14.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MEGAN LEGACY	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 11219 JADE SPRING SAN ANTONIO, TX 78249			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

37

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.14.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

CYNTHIA COMBS

6 Contributor address; City; State; Zip Code

314 WEST SUMMITT
SAN ANTONIO, TX 78212

7 Amount of
contribution (\$)

\$ 100.00

P (If travel outside of Texas, complete Schedule T)

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.14.12

Full name of contributor

☐ out-of-state PAC (ID#)

BOBBY FRAZIER

Contributor address; City; State; Zip Code

203 N. WASHINGTON ST.
SAN ANGELO, TX 76901

Amount of
contribution (\$)

\$ 50.00

P (If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.14.12

Full name of contributor

☐ out-of-state PAC (ID#)

MAX HENLEY

Contributor address; City; State; Zip Code

116 PARKLANE DR.
SAN ANTONIO, TX 78212

Amount of
contribution (\$)

\$ 100.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.11.12

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID DUNBAR

Contributor address; City; State; Zip Code

11063 WHITE SANDS
SAN ANTONIO TX 78233

Amount of
contribution (\$)

\$ 75.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.10.12

Full name of contributor

☐ out-of-state PAC (ID#)

KIM JERNIGAN

Contributor address; City; State; Zip Code

1711 SPRINGWOOD DR.
SPRING BRANCH, TX 78070

Amount of
contribution (\$)

\$ 240.00

(If travel outside of Texas, complete Schedule T)

In-kind contribution
description (if applicable)

OFFICE CLEANING
JULY

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.10.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID HOLMES	7 Amount of contribution (\$) \$ 15.00	8 In-kind contribution description (if applicable) TABLE RENTAL
6 Contributor address; City; State; Zip Code 19239 RENA Trail		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL HOFFMAN	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable) FOLDING CHAIR RENTAL
Contributor address; City; State; Zip Code 415 DESOTO DRIVE SAN ANTONIO, TX 78448		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SHIRLEY COOPER	Amount of contribution (\$) \$15.00	In-kind contribution description (if applicable) FOLDING CHAIR RENTAL
Contributor address; City; State; Zip Code 218 WINDALE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.10.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAN KOEATNE	Amount of contribution (\$) \$10.00	In-kind contribution description (if applicable) FOLDING CHAIR RENTAL
Contributor address; City; State; Zip Code 2485 HWY 46N SEGUINE, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.11.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R.J. GILBERT	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4600 GOLD FIELD SAN ANTONIO, TX 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.11.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOE & ANTOINETTE MORELL	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1814 MORESHEAD SAN ANTONIO, TX 78231		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.12.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROSEMARY KOWALSKI	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code ONE TOWERS PARK LANE #1512 SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.12.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ELIZABETH CONKLYN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6 LEGENDS COURT SAN ANTONIO, TX 78257		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.12.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) GEORGE & MARIE ZAVISCH III	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10418 ROCKLAND SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.13.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) BETTY HOWARD	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 KRAMERIA SAN ANTONIO, TX 78213		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.14.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LINDA ELLSWORTH	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3702 HUNTERS POINT SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.14.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOYCE CARLSON	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12714 TEXAS THISTLE SAN ANTONIO, TX 78253		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.14.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) SHARON KEMP	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2014 ADOBE TRAIL SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.15.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM GREEHEY	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 780489 SAN ANTONIO, TX 78278		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.12.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) WILLIAM RASCO	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 IVY LANE SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.15.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ALICE REYES	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 13516 DUTCH MYRTLE SAN ANTONIO, TX 78232		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.15.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) VIVIAN RAY	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9477 WINWOOD DR. BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.15.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARRIET HOOD	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14488 ANTONIO DR. HELOTES, TX 78023		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LOIS OR DORIS WHITE	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 DAWSON ST. SAN ANTONIO, TX 78202		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JAMES & KRISTINE ELLIS	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 407 ELIZABETH RD SAN ANTONIO, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.16.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ROBERT JAMES	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3418 RIVER PATH SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LEDRU BARKER	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13043 CHIMNEY OAK DR SAN ANTONIO, TX 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MANUEL & IMELDA TORRES	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7715 ASPEN PARK DR. SAN ANTONIO, TX 78249		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARGARET CLUCK	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 E. MANDALAY DR. SAN ANTONIO, TX 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.16.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) THAD & LYNN ZIEGLER	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 8298 SAN ANTONIO, TX 78208		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.17.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: R.W. CALVERT 6 Contributor address; City; State; Zip Code 224 ALLEN ST. SAN ANTONIO, TX 78209	7 Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: AMY PERRY Contributor address; City; State; Zip Code 419 HAPPY TRAIL SHAVANO PARK, TX 78231	Amount of contribution (\$) \$50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOANNA WEIDMAN Contributor address; City; State; Zip Code 1503 LOOKOUT POINT SAN ANTONIO, TX 78260	Amount of contribution (\$) \$500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAURIE KARES Contributor address; City; State; Zip Code 105 FLEETWOOD SAN ANTONIO, TX 78232	Amount of contribution (\$) \$100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY EDER Contributor address; City; State; Zip Code 25326 BANE BERRY SAN ANTONIO, TX 78258	Amount of contribution (\$) \$25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.17.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOMER & LOYETTE SCHOTT	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 3519 WELLSPRING DR. SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANDREA RODRIGUEZ	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13159 QUEENS FOREST SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEANETTE ZEPPELIN	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 13000 VISTA DEL NORTE #217 SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINDA ELLIOTT	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. Box 461180 SAN ANTONIO, TX 78246		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARTY CARPENTER	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3523 WELLSPRING DR. SAN ANTONIO, TX 78230		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.17.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY TYRLING		7 Amount of contribution (\$) \$ 30.00	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 9302 WICKHEATHER SAN ANTONIO, TX 78254			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EDWARD & LISA TREFGER		Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 25675 LEWIS RANCH RD. NEW BRAUNFELS, TX 78132			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MOLLY BURKE		Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 613 MORRINGSIDE DR SAN ANTONIO, TX 78209			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JIMMY & VICKI PERKINS		Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 508 RIDGEMONT SAN ANTONIO, TX 78209			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CYNTHIA & STEPHEN SMITH		Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 18115 VERANDA LN SAN ANTONIO, TX 78258			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.11.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES SALEK	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
6 Contributor address; City; State; Zip Code 9 KINGS CASTLE SAN ANTONIO, TX 78257			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD GILES	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 16026 SUMMERS PASS SAN ANTONIO, TX 78247			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT WALTERS	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 3326 BENDING CREEK SAN ANTONIO, TX 78261			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD OTERO	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 520 E. EUCLID AVE SAN ANTONIO, TX 78212			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WARREN BRANCH	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 3301 OAKWELL COURT #101 SAN ANTONIO, TX 78218			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.17.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) HARRIET & Austin HELMLE	7 Amount of contribution (\$) \$ 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 401 HORIZON CREST BOERNE, TX 78006		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CATHY GREEN	Amount of contribution (\$) \$ 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 128 GRANT AVE ALAMO HEIGHTS, TX 78209		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARGARET CLUCK	Amount of contribution (\$) \$ 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 EAST MANDALAY SAN ANTONIO, TX 78212		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) JOSEPH & Cyndi Krier	Amount of contribution (\$) \$ 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 15060 CADILLAC DR SAN ANTONIO, TX 78248		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) MARY ROSE BROWN	Amount of contribution (\$) \$ 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 427 STONEWOOD SAN ANTONIO, TX 78216		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.18.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GRACIELA ROMERO	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
6 Contributor address; City; State; Zip Code 9023 JEAN VERTE SAN ANTONIO, TX 78250			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.18.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT PARKER	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 1610 BRADBURN BEND SAN ANTONIO, TX 78258			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.19.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GERMANO HASSLOCHER	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 8520 CROWN HILL BLVD. SAN ANTONIO, TX 78209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.19.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES HASSLOCHER	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 129 HASKINS SAN ANTONIO, TX 78209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.21.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES CERVANTES	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) P (If travel outside of Texas, complete Schedule T)
Contributor address; City; State; Zip Code 201 BELKNAP PL. SAN ANTONIO, TX 78212			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU				3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.18.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: OFFICE DEPOT		7 Amount of contribution (\$) \$ 15.24	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 13484 SAN PEDRO SAN ANTONIO, TX 78216			(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions): NOTE CASH REFUND		
Date 10.17.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DRU VAN STEENBERG		Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 12566 SAN ANTONIO, TX 78212			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.18.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF SCHACKART		Amount of contribution (\$) \$ 10.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code P.O. Box 460028 FORT LAUDERDALE, FL 33346			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.19.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GLENN BIGGS		Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 2 GLENDALE HCT SAN ANTONIO, TX 78209			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10.22.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUCY & MICHAEL CLARK		Amount of contribution (\$) \$ 75.00	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 21096 PRIEST RD ELMENDORF, TX 78112			(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 37	
2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.10.12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID & DELORES MELLOTT 6 Contributor address; City; State; Zip Code 200 PRINZ SAN ANTONIO, TX 78213	7 Amount of contribution (\$) \$ 25.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10.24.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE LITTLE Contributor address; City; State; Zip Code 16211 LACANTARA PARKWAY SAN ANTONIO, TX 78256	Amount of contribution (\$) \$ 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.18.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: USAA EMPLOYEE PAC Contributor address; City; State; Zip Code 9800 FREDERICKSBURG RD SAN ANTONIO, TX 78298	Amount of contribution (\$) \$ 1,000.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.22.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SANDRA & TOMMY WALKER Contributor address; City; State; Zip Code 13522 CRESCENT CREEK DR SAN ANTONIO, TX 78231	Amount of contribution (\$) \$ 25.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10.22.12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RW & S JANSURE Contributor address; City; State; Zip Code 9230 SHADOW CREEK LN. CONVERSE, TX 78109	Amount of contribution (\$) \$ 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.23.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

JENNINE OWENS

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

**P.O. Box 460234
SAN ANTONIO, TX 78246**

\$ 15.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.24.12

Full name of contributor

☐ out-of-state PAC (ID#)

GUADALUPE MONTES

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**5318 GINGER RISE
SAN ANTONIO, TX 78253**

\$ 100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.24.12

Full name of contributor

☐ out-of-state PAC (ID#)

EDWIN MEHRMANN

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**100N. SANTA ROSA #1014
SAN ANTONIO, TX 78212**

\$ 100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.24.12

Full name of contributor

☐ out-of-state PAC (ID#)

LESLEY WENGER

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**137 LOU JON CIRCLE
SAN ANTONIO, TX 78213**

\$ 430.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.24.12

Full name of contributor

☐ out-of-state PAC (ID#)

JAIME VAZQUEZ

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

**306 GRASSMARKET
SAN ANTONIO, TX 78259**

\$ 75.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.22.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

MIKE MORETTI

6 Contributor address; City; State; Zip Code

**100 SHADY TRAIL
SAN ANTONIO, TX 78232**

7 Amount of contribution (\$)

\$ 1,000.00

8 In-kind contribution description (if applicable)

☐ (If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.23.12

Full name of contributor

☐ out-of-state PAC (ID#)

EDWARD PARNELL

Contributor address; City; State; Zip Code

**6715 CHELSEA WOOD
SAN ANTONIO, TX 78239**

Amount of contribution (\$)

\$ 35.00

In-kind contribution description (if applicable)

☐ (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.23.12

Full name of contributor

☐ out-of-state PAC (ID#)

SCOTT KERCHVILLE

Contributor address; City; State; Zip Code

**14 ELON GREEN CIRCLE
SAN ANTONIO, TX 78257**

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

☐ (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.25.12

Full name of contributor

☐ out-of-state PAC (ID#)

LAWRENCE WERLINE

Contributor address; City; State; Zip Code

**4110 MODENA DR.
SAN ANTONIO, TX 78218**

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

☐ (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.18.12

Full name of contributor

☐ out-of-state PAC (ID#)

FREIDA WRIGHT

Contributor address; City; State; Zip Code

**15703 BLUE CREEK ST.
SAN ANTONIO, TX 78232**

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

☐ (If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **37**

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.24.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

DEBRA NICHOLAS

6 Contributor address; City; State; Zip Code

**13075 N. HUNTERS CIRCLE
SAN ANTONIO, TX 78230**

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

**MEET & GREET
SUPPLIES**

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.18.12

Full name of contributor

☐ out-of-state PAC (ID#)

ROBERT PARKER

Contributor address; City; State; Zip Code

**1610 BRAEBURN BEND
SAN ANTONIO, TX 78258**

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.24.12

Full name of contributor

☐ out-of-state PAC (ID#)

J. BRUCE BUGG, JR.

Contributor address; City; State; Zip Code

**410 ELIZABETH RD.
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.26.12

Full name of contributor

☐ out-of-state PAC (ID#)

SHARON LEWIS

Contributor address; City; State; Zip Code

**110 STONEGATE SQ.
BOERNE, TX 78606**

Amount of contribution (\$)

\$ 20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10.27.12

Full name of contributor

☐ out-of-state PAC (ID#)

BEN MCALEB

Contributor address; City; State; Zip Code

**412 CANTERBURY HILL
SAN ANTONIO, TX 78209**

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

37

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10.10.12

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANGIE & BILL HALE

6 Contributor address; City; State; Zip Code

11519 VIRIDIAN PLACE
HELOTES, TX 78023

7 Amount of
contribution (\$)

\$150.00

8 In-kind contribution
description (if applicable)

MEET & GREET

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10.13.12

Full name of contributor

☐ out-of-state PAC (ID#)

BECKY EDLER

Contributor address; City; State; Zip Code

25326 BANE BERRY
SAN ANTONIO, TX 78260

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

MEET & GREET

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

10.07.12

7 Name of lender

☐ out-of-state PAC (ID#: _____)**SUSAN PAMERLEAU**

9 Loan Amount (\$)

\$ 10,000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

**230 DWYER AVE
SAN ANTONIO, TX 78204**

10 Interest rate

N/A

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☒ none

15 Check if personal funds were deposited into political account

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☒ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.01.12		5 Payee name SANTIKOS EMBASSY CENTER			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 18402 U.S. HWY 281 #229 SAN ANTONIO, TX 78299			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Office Overhead		(b) Description (If travel outside of Texas, complete Schedule T) Rent	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.01.12		Payee name DEBRA NICHOLAS			
Amount (\$) \$1750.00		Payee address; City; State; Zip Code 13075 N. HUNTERS CIRCLE SAN ANTONIO, TX 78230			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Consulting		Description (If travel outside of Texas, complete Schedule T) Administration	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.01.12		Payee name MOREHEAD/Dotts/Rybak			
Amount (\$) \$2000.00		Payee address; City; State; Zip Code 2767 SANTA FE CORPUS CHRISTI, TX 78404			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Services	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.01.12		Payee name ELECTION SUPPORT SERVICES			
Amount (\$) \$3,000.00		Payee address; City; State; Zip Code 314 E. HOUSTON STREET #201 SAN ANTONIO, TX 78204			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Consulting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.01.12	5 Payee name PIRYX	
6 Amount (\$) \$ 11.25	7 Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) Collection
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10.01.12	Payee name PIRYX	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10.01.12	Payee name AT&T	
Amount (\$) \$ 70.34	Payee address; City; State; Zip Code P.O. BOX 650574 DALLAS, TX 76265	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Office Overhead	Description (If travel outside of Texas, complete Schedule T) Utilities
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10.02.12	Payee name Morehead/Dotts/Rybak	
Amount (\$) \$1,385.80	Payee address; City; State; Zip Code 2767 SANTA FE Street CORPUS CHRISTI, TX 78404	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting	Description (If travel outside of Texas, complete Schedule T) Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.02.12		5 Payee name Lilly & Company			
6 Amount (\$) \$ 963.74		7 Payee address; City; State; Zip Code 1005 Congress Ave. #910 Austin, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Consulting		(b) Description (If travel outside of Texas, complete Schedule T) Fund Raising	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.03.12		Payee name Pirvx			
Amount (\$) \$ 1.13		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.04.12		Payee name Pirvx			
Amount (\$) \$ 22.50		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, TX 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.04.12		Payee name Pirvx			
Amount (\$) \$ 3.38		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, TX 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.05.12		5 Payee name Pirya			
6 Amount (\$) \$ 11.25		7 Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Banking		(b) Description (If travel outside of Texas, complete Schedule T) Collection	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10.06.12		Payee name Pirya			
Amount (\$) \$ 4.50		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10.06.12		Payee name Pirya			
Amount (\$) \$ 3.38		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10.06.12		Payee name Pirya			
Amount (\$) \$ 0.45		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Banking		Description (If travel outside of Texas, complete Schedule T) Collection	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17 2 FILER NAME SUSAN PAMERLEAU 3 ACCOUNT # (Ethics Commission Filers)

4 Date 10.07.12 5 Payee name PIRYX

6 Amount (\$) \$ 11.25 7 Payee address; City; State; Zip Code
144 2nd Street
SAN FRANCISCO, CA 94105

8 PURPOSE OF EXPENDITURE (a) Category (See categories listed at the top of this schedule) Banking (b) Description (If travel outside of Texas, complete Schedule T) Collection

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10.07.12 Payee name MOREHEAD/DOTE/RYBAK

Amount (\$) \$ 25,196.48 Payee address; City; State; Zip Code
2767 SANTA FE Street
CORPUS CHRISTI, TX 78404

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Description (If travel outside of Texas, complete Schedule T) Advertising

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10.05.12 Payee name Sign Busters

Amount (\$) \$ 3,087.50 Payee address; City; State; Zip Code
P.O. Box 241018
SAN ANTONIO, TX 78224

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Advertising Description (If travel outside of Texas, complete Schedule T) Signage Support

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 10.10.12 Payee name MY EXPERT MARKETING

Amount (\$) \$ 650.00 Payee address; City; State; Zip Code
19315 FM 2252
GARDEN RIDGE, TX 78266

PURPOSE OF EXPENDITURE Category (See categories listed at the top of this schedule) Consulting Description (If travel outside of Texas, complete Schedule T) MEDIA MARKETING

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.10.12	5 Payee name CPS	
6 Amount (\$) \$ 1100.96	7 Payee address; City; State; Zip Code P.O. Box 2678 SAN ANTONIO, TX 78289	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) UTILITIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.11.12	Payee name HEB	
Amount (\$) \$ 12.34	Payee address; City; State; Zip Code 11551 WEST AVENUE SAN ANTONIO, TX 78213	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.11.12	Payee name SAMS CLUB	
Amount (\$) \$ 20.98	Payee address; City; State; Zip Code SAN ANTONIO, TX	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.09.12	Payee name PIRYX	
Amount (\$) \$ 11.25	Payee address; City; State; Zip Code 144 2nd St. SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 10.10.12	5 Payee name PIRYX
--------------------	-----------------------

6 Amount (\$) \$ 11.25	7 Payee address; City: State: Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
---------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) Collection
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 3.38	Payee address; City: State: Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 45.00	Payee address; City: State: Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 22.50	Payee address; City: State: Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
-------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 10.10.12	5 Payee name PIRYX
--------------------	-----------------------

6 Amount (\$) \$ 6.75	7 Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Banking	(b) Description (If travel outside of Texas, complete Schedule T) Collection
--------------------------	---	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.10.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 1.13	Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Banking	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 07.01.12	5 Payee name 100 CLUB OF SAN ANTONIO
--------------------	---

6 Amount (\$) \$ 250.00	7 Payee address; City; State; Zip Code P.O. Box 674 SAN ANTONIO, TX 78209
----------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MARKETING
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.16.12	Payee name DEBRA NICHOLAS
------------------	------------------------------

Amount (\$) \$ 1,750.00	Payee address; City; State; Zip Code 13075 N. HUNTERS CIRCLE SAN ANTONIO, TX 78230
----------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING	Description (If travel outside of Texas, complete Schedule T) ADMINISTRATION
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.18.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 2.25	Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.12.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$ 6.75	Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 10.12.12	5 Payee name Piryx
--------------------	-----------------------

6 Amount (\$) \$12.50	7 Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
--------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) COLLECTIONS
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.11.12	Payee name Piryx
------------------	---------------------

Amount (\$) \$22.50	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTIONS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.13.12	Payee name Piryx
------------------	---------------------

Amount (\$) \$11.25	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTIONS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.14.12	Payee name Piryx
------------------	---------------------

Amount (\$) \$4.50	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTIONS
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 10.14.12	5 Payee name PIRYX
--------------------	-----------------------

6 Amount (\$) \$4.50	7 Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
-------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) COLLECTIONS
--------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.14.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$2.25	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.15.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$6.75	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.15.12	Payee name PIRYX
------------------	---------------------

Amount (\$) \$1.13	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105
-----------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) Collection
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.15.12	5 Payee name PIRYX	
6 Amount (\$) \$ 1.13	7 Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) COLLECTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10.15.12	Payee name PIRYX	
Amount (\$) \$ 2.25	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10.16.12	Payee name PIRYX	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 10.17.12	Payee name PIRYX	
Amount (\$) \$ 2.25	Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAMERLEAU	3 ACCOUNT # (Ethics Commission Filers)
4 Date 10.17.12	5 Payee name PIRYX	
6 Amount (\$) \$ 0.90	7 Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) BANKING	(b) Description (If travel outside of Texas, complete Schedule T) COLLECTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.17.12	Payee name PIRYX	
Amount (\$) \$ 2.25	Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.18.12	Payee name OFFICE DEPOT	
Amount (\$) \$ 71.88	Payee address; City; State; Zip Code 13424 SAN PEDRO SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) SUPPLIES
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10.18.12	Payee name PIRYX	
Amount (\$) \$ 4.50	Payee address; City; State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17		2 FILER NAME SUSAN PAMERLEAU		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.18.12		5 Payee name PIRYX			
6 Amount (\$) \$ 2.25		7 Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) BANKING		(b) Description (If travel outside of Texas, complete Schedule T) COLLECTION	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.21.12		Payee name PIRYX			
Amount (\$) \$ 4.50		Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) COLLECTIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.21.12		Payee name PIRYX			
Amount (\$) \$ 3.78		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) COLLECTIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.22.12		Payee name PIRYX			
Amount (\$) \$ 45.00		Payee address; City; State; Zip Code 144 2nd Street SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) COLLECTIONS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17		2 FILER NAME SUSAN PAUERLOAN		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10.22.12		5 Payee name PIRYX			
6 Amount (\$) \$ 1.68		7 Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) BANKING		(b) Description (If travel outside of Texas, complete Schedule T) COLLECTION	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.23.12		Payee name PIRYX			
Amount (\$) \$ 2.25		Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) COLLECTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.25.12		Payee name PIRYX			
Amount (\$) \$ 2.25		Payee address; City; State; Zip Code 144 2nd STREET SAN FRANCISCO, CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) BANKING		Description (If travel outside of Texas, complete Schedule T) COLLECTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10.02.12		Payee name i CONTACT CORPORATION			
Amount (\$) \$ 81.40		Payee address; City; State; Zip Code 5221 PARAMOUNT PKY #200 MORRISVILLE, NC 27560			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) CONSULTING		Description (If travel outside of Texas, complete Schedule T) EMAIL DISTRIBUTION	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
--	--	--

4 Date 10.9.12	5 Payee name AT&T
--------------------------	---------------------------------

6 Amount (\$) \$ 14.73	7 Payee address; City; State; Zip Code P.O. BOX 650574 DALLAS, TX 76265
----------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description (If travel outside of Texas, complete Schedule T) Utilities
--------------------------	--	---

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.16.12	Payee name SECURITY ONE, INC
-------------------------	--

Amount (\$) \$ 29.23	Payee address; City; State; Zip Code 716 WEST BLVD. UNIVERSAL CITY, TX 78148
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) SECURITY
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.18.12	Payee name US POSTAL SERVICE
-------------------------	--

Amount (\$) \$ 45.00	Payee address; City; State; Zip Code 1156 NO. LOOP 1604W # 108 SAN ANTONIO, TX 78248
--------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) STAMPS
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.18.12	Payee name USAA
-------------------------	---------------------------

Amount (\$) \$ 5.00	Payee address; City; State; Zip Code 10750 McDERMOTT FWY SAN ANTONIO, TX 78288
-------------------------------	--

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OFFICE OVERHEAD	Description (If travel outside of Texas, complete Schedule T) BANK CHARGE
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 17	2 FILER NAME SUSAN PAUERLOAN	3 ACCOUNT # (Ethics Commission Filers)
---------------------------------	---------------------------------	--

4 Date 10.9.12	5 Payee name GREGORY TAHUATUA
-------------------	----------------------------------

6 Amount (\$) \$67.00	7 Payee address; City: State; Zip Code 1510 HAWKS MEADOW SAN ANTONIO, TX 78248
--------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING	(b) Description (If travel outside of Texas, complete Schedule T) Election Services
--------------------------	--	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.26.12	Payee name PYRIX
------------------	---------------------

Amount (\$) 0.90	Payee address; City: State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105
---------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 10.27.12	Payee name PYRIX
------------------	---------------------

Amount (\$) \$ 2.25	Payee address; City: State; Zip Code 144 2ND STREET SAN FRANCISCO, CA 94105
------------------------	---

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) BANKING	Description (If travel outside of Texas, complete Schedule T) COLLECTION
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City: State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

SUSAN PAMERLEAU

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

USAA FEDERAL SAVINGS BANK

8 Amount
(\$)

6 Address of person from whom amount is received; City; State; Zip Code

10750 McDERMOTT FWY
SAN ANTONIO, TX 78288

\$0.23

7 Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED